

4109

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. (Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.)

1

08198

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08191

| | | | | | |
|--|---|---|---|---|---|
| 1. DECEASED-NAME (Type or print) Norbert Andrew Albert | | | 2a. DATE OF DEATH Month 6 Day 10 Year 1969 | | 2b. HOUR 9:15 a |
| 3. SEX male | 4. RACE white | 5. DATE OF BIRTH 8-2-98 | | 6. AGE (In years last birthday) 70 YRS. | IF UNDER 1 YEAR MONTHS DAYS HOURS MIN. |
| 7a. BIRTHPLACE (State or foreign country) New York | 7b. CITIZEN OF WHAT COUNTRY? U.S.A. | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 9. COUNTY OF DEATH Calvert Md. | | |
| 10. CITY OR TOWN OF DEATH Prince Frederick | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hosp. | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Photolithographer | | 12b. KIND OF BUSINESS OR INDUSTRY Printer |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland | 13b. COUNTY Calvert | 13c. CITY OR TOWN North Beach | 13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 13e. STREET AND NUMBER 901 7th St. | |
| 14. FATHER'S NAME First Joseph Middle Albert Last Wink | | 15. MOTHER'S MAIDEN NAME First Eva Middle Wink | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) yes (If yes give war or dates of service) 1942-43 | | 16b. SOCIAL SECURITY NO. 578-03-2132 | 17. INFORMANT Helen Curtis North Beach, Md. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis 4109 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Concomitant Dis. DUE TO, OR AS A CONSEQUENCE OF (c) | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | 20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | |
| 21d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | | 21f. LOCATION Street or R.F.D. No. City or Town County State | |
| 22a. I certify that (I) (this hospital) attended the deceased from July 30, 1966 to 6-10-69 , that (I) (we) lost saw the deceased alive on June 10, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death. | | | | | |
| 22b. SIGNATURE Osman Z. Ersoy, M.D. | | DEGREE MD | | 22c. DATE SIGNED 6-10-69 | |
| 22d. PHYSICIAN'S NAME (Type) Osman Z. Ersoy, M.D. | | 22e. ADDRESS Prince Frederick, Maryland | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 13, 1969 | 23c. NAME OF CEMETERY OR CREMATORY Southern Memorial Gardens | | 23d. LOCATION (City or Town) (County) (State) Calvert Md. | |
| 24. FUNERAL DIRECTOR Plutchins Funeral Home (Dwight, Md.) | | ADDRESS Dwight, Md. | | 25a. REC'D BY REGISTRAR JUN 12 1969 | |
| | | | | 25b. REGISTRAR'S SIGNATURE Charles Judge | |

08193

00101

Temporary Employees
Bureau Oct 20

Chapman

6-10-49

2509

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 12 hours after death.

| MARYLAND STATE DEPARTMENT OF HEALTH | | | | | | | | | |
|--|--|--|---|---|--|---|--|---|--|
| DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | | | | | | | |
| CERTIFICATE OF DEATH | | | | | | | | | |
| 1. DECEASED-NAME (Type or print) FLORA T CLARK | | | 2a. DATE OF DEATH JUNE Month 21 Day 69 Year | | | 2b. HOUR 7 30 P. M. | | | |
| 3. SEX Female | | 4. RACE White | | 5. DATE OF BIRTH 4-6-90 | | 6. AGE (In years last birthday) 79 YRS. | | IF UNDER 1 YEAR MONTHS DAYS HOURS MIN. | |
| 7a. BIRTHPLACE (State or foreign country) VA. | | 7b. CITIZEN OF WHAT COUNTRY? U.S.A. | | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. COUNTY OF DEATH CALVERT COUNTY Md. | | | |
| 10. CITY OR TOWN OF DEATH PRINCE FREDERICK | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) CALVERT HOUSE, INC. | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) HOUSE WIFE | | 12b. KIND OF BUSINESS OR INDUSTRY | | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) STATE MD. | | 13b. COUNTY CALVERT | | 13c. CITY OR TOWN OWINGS | | 13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 13e. STREET AND NUMBER RT 4 Box 180 | |
| 14. FATHER'S NAME First Middle Last Jefferson Rector | | | 15. MOTHER'S MAIDEN NAME First Middle Last Flora T King | | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no | | 16b. SOCIAL SECURITY NO. 577 0991178 | | 17. INFORMANT Thomas E. Clark Husband | | Address Same as above | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C.V.A. Hyper- 2509 DUE TO, OR AS A CONSEQUENCE OF Tension - Diabetes. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO, OR AS A CONSEQUENCE OF _____ (c) _____ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) - | | | | | | | | | |
| 19a. DATE OF OPERATION - | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED - | | 20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | | | | |
| 21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | | 21f. LOCATION Street or R.F.D. No. City or Town County State | | | | | |
| 22a. I certify that (I) (this hospital) attended the deceased from 5-19-69 , 19 69 , to 6-21 , 19 69 , that (I) (we) last saw the deceased alive on 5-18-69 , 19 69 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | | | | |
| 22b. SIGNATURE DAMALOUJI | | DEGREE | | ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | | 22c. DATE SIGNED | | | |
| 22d. PHYSICIAN'S NAME (Type) DAMALOUJI | | 22e. ADDRESS PRINCE FREDERICK MD. | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 6/24/1969 | | 23c. NAME OF CEMETERY OR CREMATORY St Lincoln Cemetery | | 23d. LOCATION (City or Town) (County) (State) Colmar Manor Md. | | | |
| 24. FUNERAL DIRECTOR Valley's Funeral Home | | ADDRESS MT Rainier Md. | | 25a. REC'D BY REGISTRAR JUN 26 1969 | | 25b. REGISTRAR'S SIGNATURE William S. Judge | | | |

08180

OFFICE OF DEATH

08180

CHURCH

1903

7

1903

1903

1903

1903

1903

1903

1903

1903

1903

1903

1903

1903

1903

1903

1903

1903

1903



1903

1903

1903

1903

1903

1903

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

BP

08200

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08193

| | | | | | | | | | | | |
|--|------------------|---|--|---|--|--|--|---|--|---|--|
| 1. DECEASED-NAME (Type or Print) | | First JEROME | | Middle W. | | Last GANTT | | 2a. DATE KNOWN OF DEATH ESTIMATED <input checked="" type="checkbox"/> MONTH DAY YEAR 19 | | 2b. HOUR M | |
| 3. SEX male | 4. RACE negro | 5. DATE OF BIRTH Sept. 8-49 | | 6. AGE (In years last birthday) 19 YRS. | | IF UNDER 1 YEAR MONTHS DAYS | | IF UNDER 24 HRS. HOURS MIN | | 2c. DATE PRONOUNCED DEAD Month Day Year June 19, 1969 | |
| 7a. BIRTHPLACE (State or foreign country) Maryland | | 7b. CITIZEN OF WHAT COUNTRY? U.S.A. | | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. COUNTY OF DEATH Calvert | | | | | |
| 10. CITY OR TOWN OF DEATH Prince Frederick | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hospital | | | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) | | 12b. KIND OF BUSINESS OR INDUSTRY | | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland | | 13b. COUNTY Calvert | | 13c. CITY OR TOWN Prince Frederick | | 13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 13e. STREET AND NUMBER Prince Frederick, Maryland | | | |
| 14. FATHER'S NAME First Middle Last Cephas Gantt | | | | 15. MOTHER'S MAIDEN NAME First Middle Last Helen Skinner | | | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> or unknown) (If yes give war or dates of service) | | | | 16b. SOCIAL SECURITY NO. | | 17. INFORMANT Cephas Gantt Prince Fred. Md. | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot Wound of Head</u> 965X DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) | | | | | | | | | | | |
| 19a. DATE OF OPERATION | | | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | 21b. TIME OF INJURY Month, Day, Year HOUR <u>11:10</u> AM 6/19/19 69 | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Subj. shot during altercation | | | | | | | |
| 21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) tavern | | 21f. LOCATION Street or R.F.D. No. City or Town County State Prince Frederick, Calvert, Maryland | | | | | | | |
| 22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Undetermined manner <input type="checkbox"/> | | | | | | | | | | | |
| ACTUAL SIGNATURE EXAMINER'S NAME (Type) | | Werner U. Spitz, M.D. | | | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ADDRESS (Street, city, town, or county) | | 22b. DATE SIGNED 6/20/69 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE 6-23-69 | | 23c. NAME OF CEMETERY OR CREMATORY Brooks Ch. Cem. | | | | 23d. LOCATION (City or Town) (County) (State) Mutual Co. Md. | | | |
| 24. FUNERAL DIRECTOR Linkney E. Sewell Prince Fred. Md. | | | | | | 25a. REC'D BY REGISTRAR DATE JUN 24 1969 | | 25b. REGISTRAR'S SIGNATURE Charles Judge | | | |

03520

Copyrighted material

68 52

1010414

Books Ch. 200.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

08201

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08194

| | | | | | | | |
|---|--|--|---------------------|---|--|--|---|
| 1. DECEASED-NAME (Type or print) | | First <i>Belle</i> | Middle <i>B.</i> | Last <i>Goldstein</i> | 2a. DATE OF DEATH Month <i>6</i> Day <i>15</i> Year <i>1969</i> | | 2b. HOUR <i>9:45 PM</i> |
| 3. SEX FEMALE | | 4. RACE WHITE | | 5. DATE OF BIRTH DECEMBER 7, 1884 | | 6. AGE (In years last birthday) 84 YRS. | IF UNDER 1 YEAR MONTHS DAYS HOURS MIN. |
| 7a. BIRTHPLACE (State or foreign country) RUSSIA | | 7b. CITIZEN OF WHAT COUNTRY? U.S.A. | | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. COUNTY OF DEATH CALVERT | |
| 10. CITY OR TOWN OF DEATH | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) CALVERT COUNTY HOSPITAL | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) HOUSEWIFE | | 12b. KIND OF BUSINESS OR INDUSTRY AT HOME | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND | | 13b. COUNTY CALVERT | | 13c. CITY OR TOWN PR. FREDERICK | | 13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 14. FATHER'S NAME First UNKNOWN | | Middle UNKNOWN | | 15. MOTHER'S MAIDEN NAME First UNKNOWN | | Middle UNKNOWN | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (unknown) NO | | 16b. SOCIAL SECURITY NO. | | 17. INFORMANT Address MR. HERBERT GOLDSTEIN, CENTREVILLE, MARYLAND | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ventricular Fibrillation</i> DUE TO, OR AS A CONSEQUENCE OF (b) <i>Coronary Occlusion</i> DUE TO, OR AS A CONSEQUENCE OF (c) <i>arterio Sclerotic C.V. Disease</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>4109</i> | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>5 minutes</i> <i>April 20, 69</i> |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>Heartless Molluscs 1960</i> | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | 20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. <i>19</i> | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | | |
| 21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | | 21f. LOCATION Street or R.F.D. No. City or Town County State | | | |
| 22a. I certify that (I) (this hospital) attended the deceased from <i>4/12</i> , 19 <i>68</i> , to <i>June 15, 1969</i> , that (I) (we) last saw the deceased alive on <i>June 15, 1969</i> and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | | |
| 22b. SIGNATURE <i>Page C. Jett</i> | | DEGREE MD | | ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | | 22c. DATE SIGNED <i>6/15/69</i> | |
| 22d. PHYSICIAN'S NAME (Type) PAGE C. JETT MD | | 22e. ADDRESS Prince Frederick, Md. | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 6-17-69 | | 23c. NAME OF CEMETERY OR CREMATORY BETH TFILOH | | 23d. LOCATION (City or Town) (County) (State) BALTIMORE, MARYLAND | |
| 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD | | | | 25a. REC'D BY REGISTRAR JUN 19 1969 | | 25b. REGISTRAR'S SIGNATURE <i>John A. Judge</i> | |

08301

STATE OF MARYLAND

IN SENATE, FEBRUARY 1, 1961

SENATE

WHITE

DECEMBER 7, 1961

SENATE

U.S.A.

U.S.A.

CALVERT COUNTY HOSPITAL

HOSPITAL

AT HOME

MARYLAND

MARYLAND

MARYLAND

UNKNOWN

UNKNOWN

U.S. DEPARTMENT OF JUSTICE, CENTRAL INTELLIGENCE AGENCY

NO

BALTIMORE, MARYLAND

DECEMBER 11, 1961

U.S. DEPARTMENT OF JUSTICE, CENTRAL INTELLIGENCE AGENCY

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

08202

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08195

| | | | | | | | | | | | |
|---|------------------|-------------------------------------|--|---|--|--|--|---|--|--|--|
| 1. DECEASED-NAME (Type or Print) | | First LARRY | | Middle JEFFERY | | Last JOHNSON | | 2a. DATE KNOWN OF DEATH MATED <input checked="" type="checkbox"/> June 1 1969 | | 2b. HOUR 1:50 | |
| 3. SEX M | 4. RACE NEGRO | 5. DATE OF BIRTH 6-2-1951 | | 6. AGE (In years last birthday) 17 YRS. | | IF UNDER 1 YEAR MONTHS DAYS | | IF UNDER 24 HRS. HOURS MIN. | | 2c. DATE PRONOUNCED DEAD Month June Day 1 Year 1969 | |
| 7a. BIRTHPLACE (State or foreign country) U.S.A. | | 7b. CITIZEN OF WHAT COUNTRY? USA | | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. COUNTY OF DEATH CALVERT | | | | 2d. HOUR 5:00P | |
| 10. CITY OR TOWN OF DEATH LUSBY | | | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) CALVERT COUNTY HOSP | | | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Scholar | | 12b. KIND OF BUSINESS OR INDUSTRY | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md. | | | | 13b. COUNTY CALVERT | | 13c. CITY OR TOWN LUSBY | | 13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 13e. STREET AND NUMBER | |
| 14. FATHER'S NAME First WILBERT | | | | Middle DENT | | Last | | 15. MOTHER'S MAIDEN NAME First ANNE | | Middle DENT | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | | | 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 213-56-5401 | | 17. INFORMANT POLICE | | ADDRESS | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>9100</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>DROWNING</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>RIVER</u> | | | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | | | | |
| 19a. DATE OF OPERATION | | | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | | | 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 3 P.M. 6-1-1969 | | | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DROWNED WHILE SWIMMING | | | |
| 21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | | | 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) RIVER | | | | 21f. LOCATION Street or R.F.D. No. City or Town County State SOLOMONS AREA | | | |
| 22a. I certify that I took charge of the remains described above, held on death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> | | | | | | | | | | | |
| ACTUAL SIGNATURE ISSAM F. EL-DAMALOUJI M.D. | | | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | | | | 22b. DATE SIGNED 6-1-1969 | | | |
| EXAMINER'S NAME (Type) | | | | ADDRESS (Street, city, town, or county) | | | | PRINCE FREDERICK, MD. | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE 6-4-69 | | 23c. NAME OF CEMETERY OR CREMATORY St. John Ch. Cem | | | | 23d. LOCATION (City or Town) (County) (State) Lusby Calvert Md | | | |
| 24. FUNERAL DIRECTOR ADDRESS Larkway E. Smith Prince Fred. Md. | | | | | | 25a. REC'D BY REGISTRAR DATE JUN 5 1969 | | 25b. REGISTRAR'S SIGNATURE Richard Judge | | | |

2022

5

2

25. — 1 —

2

402-1-

U. S. GOVERNMENT PRINTING OFFICE: 1970

24. John (2). Sam

22-7-82

1519

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

| MARYLAND STATE DEPARTMENT OF HEALTH | | | | | | | | | |
|---|---------|--|--|--|---|---|---|-----------------------------------|------------------------|
| DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | | | | | | | |
| CERTIFICATE OF DEATH | | | | | | | | | |
| 1. DECEASED-NAME (Type or print) | | | First | Middle | Last | 2a. DATE OF DEATH | | | 2b. HOUR |
| FLORENCE | | | IRENE | LOWE | Month 6 Day 22 Year 69 | | | 9:10 A M | |
| 3. SEX | 4. RACE | | 5. DATE OF BIRTH | | | 6. AGE (In years last birthday) | IF UNDER 1 YEAR | | IF UNDER 24 HRS. |
| Female | White | | 7-24-09 | | | 59 YRS. | MONTHS | DAYS | HOURS MIN. |
| 7a. BIRTHPLACE (State or foreign country) | | 7b. CITIZEN OF WHAT COUNTRY? | | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. COUNTY OF DEATH | | | |
| Ohio | | U.S. | | | | Calvert Md. | | | |
| 10. CITY OR TOWN OF DEATH | | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) | | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) | | 12b. KIND OF BUSINESS OR INDUSTRY | |
| Prince Frederick | | | Calvert County | | | None | | Housewife | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE | | | 13b. COUNTY | | 13c. CITY OR TOWN | | 13d. INSIDE CITY LIMITS? | | 13e. STREET AND NUMBER |
| Md. | | | Calvert | | Prince Frederick | | <input type="checkbox"/> | | |
| 14. FATHER'S NAME | | | First | Middle | Last | 15. MOTHER'S MAIDEN NAME | | | First Middle Last |
| Alvie | | | Fullerton | | | Helen | | | ? |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (unknown) | | | 16b. SOCIAL SECURITY NO. | | | 17. INFORMANT | | | Address |
| No | | | None | | | Earl W. Jenkins | | | Prince Fred. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | | | | | | | | |
| PART I. DEATH WAS CAUSED BY: | | | | | | | | | |
| IMMEDIATE CAUSE (a) <u>Carcinomatous</u> | | | | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF <u>Cancer of stomach</u> | | | | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | 20a. AUTOPSY? | | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | |
| | | | | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | 21b. TIME OF INJURY | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.) | | | | | |
| | | HOUR A.M. Month Day Year P.M. 19 | | | | | | | |
| 21d. INJURY OCCURRED | | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | | | 21f. LOCATION | | City or Town County State | | |
| While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> | | | | | Street or R.F.D. No. | | | | |
| 22a. I certify that (I) (this hospital) attended the deceased from 2/10, 1969, to 6/22, 1969, that (I) (we) lost saw the deceased alive on 6/22, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | | | | |
| 22b. SIGNATURE | | | | | DEGREE | | ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | | 22c. DATE SIGNED |
| DR GEORGE J. WEEMS | | | | | | | | | 6/22/69 |
| 22d. PHYSICIAN'S NAME (Type) | | | | | 22e. ADDRESS | | | | |
| | | | | | Huntingtown, Md. | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | | 23c. NAME OF CEMETERY OR CREMATORY | | | 23d. LOCATION (City or Town) (County) (State) | | |
| Burial | | June 24, 1969 | | Bennett Cemetery | | | Minford Ohio | | |
| 24. FUNERAL DIRECTOR | | | | | 25a. REC'D BY REGISTRAR | | 25b. REGISTRAR'S SIGNATURE | | |
| A.A. Harkness Son, Port Republic, Md. | | | | | DATE JUN 24 1969 | | James Judge | | |

CO520

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

| 08204 | | | | | | | | | | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | | | | | | | | 08197 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. DECEASED-NAME (Type or print) | | | | | | | | | | 2a. DATE OF DEATH | | | | | | | | | | 2b. HOUR | | | | | | | | | |
| George Constantine Pappas | | | | | | | | | | Month 6 Day 13 Year 69 | | | | | | | | | | 6:00 PM | | | | | | | | | |
| 3. SEX male | | | | | | | | | | 4. RACE white | | | | | | | | | | 5. DATE OF BIRTH 1-23-95 | | | | | | | | | |
| 7a. BIRTHPLACE (State or foreign country) Greece | | | | | | | | | | 7b. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | | | | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | | | | | | | | |
| 9. COUNTY OF DEATH Calvert | | | | | | | | | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Retired-Manager | | | | | | | | | | 12b. KIND OF BUSINESS OR INDUSTRY Hotel Catering | | | | | | | | | |
| 10. CITY OR TOWN OF DEATH Prince Frederick | | | | | | | | | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hosp. | | | | | | | | | | 13a. STREET AND NUMBER | | | | | | | | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland | | | | | | | | | | 13b. COUNTY Calvert | | | | | | | | | | 13c. CITY OR TOWN St. Leonard | | | | | | | | | |
| 14. FATHER'S NAME First Middle Last Constantine Pappas | | | | | | | | | | 15. MOTHER'S MAIDEN NAME First Middle Last Frossy Chilla | | | | | | | | | | | | | | | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no | | | | | | | | | | 16b. SOCIAL SECURITY NO. 138-03-13144 | | | | | | | | | | 17. INFORMANT Anna Pappas | | | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | | | | | | | | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | | | | | |
| PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 583X | | | | | | | | | | DUE TO, OR AS A CONSEQUENCE OF (b) Bright's disease | | | | | | | | | | | | | | | | | | | |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | | | | | | | | | | DUE TO, OR AS A CONSEQUENCE OF (c) Uremia | | | | | | | | | | | | | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19a. DATE OF OPERATION | | | | | | | | | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | | | | | | | | 20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | | | | | | | | | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 | | | | | | | | | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | | | | | | | | |
| 21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/> | | | | | | | | | | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | | | | | | | | | | 21f. LOCATION Street or R.F.D. No. City or Town County State | | | | | | | | | |
| 22a. I certify that (I) (this hospital) attended the deceased from June 13 1969, to June 13 1969, that (I) (we) lost saw the deceased alive on June 13 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22b. SIGNATURE Roberto de Villarreal | | | | | | | | | | 22c. DATE SIGNED 6/13/69 | | | | | | | | | | | | | | | | | | | |
| 22d. PHYSICIAN'S NAME (Type) Roberto de Villarreal, M.D. | | | | | | | | | | 22e. ADDRESS St. Leonard, Maryland | | | | | | | | | | | | | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | | | | | | | | | 23b. DATE June 16, 1969 | | | | | | | | | | 23c. NAME OF CEMETERY OR CREMATORY Solomon's Catholic Cemetery | | | | | | | | | |
| 24. FUNERAL DIRECTOR G.A. Harkness | | | | | | | | | | 24b. ADDRESS 502 Fort Republic Rd. | | | | | | | | | | 25a. REC'D BY REGISTRAR | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | 25b. REGISTRAR'S SIGNATURE | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | DATE JUN 17 1969 | | | | | | | | | |

00300

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

00100

FOR STATE
HEALTH DEPT.

08205

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08198

| | | | | | | | |
|---|-----------------------------------|--|---|---|---|--|--|
| 1. DECEASED-NAME (Type or Print) <i>Elmer Gibson</i> | | First Middle Last <i>Gibson</i> | | 2a. DATE KNOWN OF DEATH Month <i>6</i> Day <i>24</i> Year <i>1969</i> | | 2b. HOUR OF DEATH M <i>8P</i> | |
| 3. SEX <i>M</i> | 4. RACE <i>W</i> | 5. DATE OF BIRTH <i>5/9/95</i> | 6. AGE (In years, month, day) <i>74</i> YRS. | IF UNDER 1 YEAR MONTHS <i>7</i> DAYS <i>14</i> | IF UNDER 24 HRS. HOURS <i>14</i> MIN <i>00</i> | 2c. DATE PROMOUNCED DEAD Month <i>6</i> Day <i>24</i> Year <i>69</i> | |
| 7a. BIRTHPLACE (State or foreign country) <i>W.D.</i> | | 7b. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. COUNTY OF DEATH <i>Calvert</i> | |
| 10. CITY OR TOWN OF DEATH <i>Huntingtown</i> | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>Calvert</i> | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <i>Farmer</i> | | 12b. KIND OF BUSINESS OR INDUSTRY | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution admission) STATE <i>W.D.</i> | | 13b. COUNTY <i>Calvert</i> | | 13c. CITY OR TOWN <i>Huntingtown</i> | | 13e. STREET AND NUMBER | |
| 14. FATHER'S NAME <i>Leroy</i> | | First Middle Last <i>Trott</i> | | 15. MOTHER'S MAIDEN NAME <i>Henrietta Harrison</i> | | First Middle Last | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16b. SOCIAL SECURITY NO. <i>218-14-2002</i> | | 17. INFORMANT <i>Mr. Z. Z. Trott</i> | | ADDRESS <i>Huntingtown, Md</i> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac failure</i> DUE TO, OR AS A CONSEQUENCE OF (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>Found dead in yard</i> | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH | | 21b. TIME OF INJURY Month, Day, Year HOUR A.M. <i>19</i> P.M. | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | | |
| 21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) | | 21f. LOCATION Street or R.F.D. No. City or Town County State | | | |
| 22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> | | | | | | | |
| ACTUAL SIGNATURE <i>H.W. Ward</i> | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> | | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> | | 22b. DATE SIGNED <i>6/24/69</i> | |
| EXAMINER'S NAME (Type) <i>H. W. WARD</i> | | DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | | ADDRESS (Street, city, town, or county) <i>Owings, Md</i> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>June 27, 1969</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Miranda Memorial</i> | | 23d. LOCATION (City or Town) <i>Huntingtown</i> | | (County) <i>Calvert</i> (State) <i>Md</i> | |
| 24. FUNERAL DIRECTOR <i>Hutchins</i> | | ADDRESS <i>Funeral Home Owings, Md</i> | | 25a. REC'D BY REGISTRAR <i>Charles Judge</i> | | 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i> | |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death, any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 100-1. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

00100

RECEIVED 10/10/10

00200

RECEIVED 10/10/10



00100

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1

08206

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08199

| | | | | | | | | | |
|--|--|---|--|---|--|---|--|--|-----|
| 1. DECEASED-NAME (Type or print) Thomas Joseph Wiley, Sr. | | | 2a. DATE OF DEATH Month 6 Day 25 Year 69 | | | 2b. HOUR 10:40am | | | |
| 3. SEX male | | 4. RACE white | | 5. DATE OF BIRTH 10-14-86 | | 6. AGE (In years last birthday) 82 YRS. | | IF UNDER 1 YEAR MONTHS DAYS HOURS MIN. | |
| 7a. BIRTHPLACE (State or foreign country) Virginia | | 7b. CITIZEN OF WHAT COUNTRY? U.S.A. | | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. COUNTY OF DEATH Calvert | | | Md. |
| 10. CITY OR TOWN OF DEATH Prince Frederick | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hosp. | | 12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.) Retired | | 12b. KIND OF BUSINESS OR INDUSTRY Machinist | | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland | | 13b. COUNTY Calvert | | 13c. CITY OR TOWN Prince Frederick | | 13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 13e. STREET AND NUMBER — | |
| 14. FATHER'S NAME First Robert Middle J Last Wiley | | | 15. MOTHER'S MAIDEN NAME First Laura Middle — Last — | | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) no (If yes give war or dates of service) | | 16b. SOCIAL SECURITY NO. 223-10-2427 | | 17. INFORMANT Ruth L. Tucker | | Address Prince Frederick, Md. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4123 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Coronary Heart Disease. DUE TO, OR AS A CONSEQUENCE OF (c) | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | 20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | | | | |
| 21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work | | 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) | | 21f. LOCATION Street or R.F.D. No. City or Town County State | | | | | |
| 22a. I certify that (I) (this hospital) attended the deceased from May 10 , 19 69 , to June 25 , 19 69 , that (I) (we) lost the deceased alive on June 25 , 19 69 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | | | | |
| 22b. SIGNATURE Issam F. el Damalouji, M.D. | | | | DEGREE — | | ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | | 22c. DATE SIGNED 6-25-69 | |
| 22d. PHYSICIAN'S NAME (Type) Issam F. el Damalouji, M.D. | | | | 22e. ADDRESS Prince Frederick, Maryland | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE June 27, 1969 | | 23c. NAME OF CEMETERY OR CREMATORY Northwood Memorial Park, Prince Frederick, Md. | | 23d. LOCATION (City or Town) (County) (State) Prince Frederick, Calvert, Md. | | | |
| 24. FUNERAL DIRECTOR A. Q. Harkness | | ADDRESS Box 100, Port Republic, Md. | | 25a. REC'D BY REGISTRAR JUN 27 1969 | | 25b. REGISTRAR'S SIGNATURE — | | | |

60520